



Attorney Docket No.: 25672/5

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): A. Bertha

EXAMINER: R. Kosson

SERIAL NO.: 10/501,438

ART UNIT: 1653

FILED: July 13, 2004

CONFIRMATION NO.: 9435

FOR: *METHOD FOR OBTAINING AN ANTI-TUMOR SUBSTANCE FROM
EVEN-TOE HOOVED MAMMALS*

CERTIFICATE OF MAILING

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on:

By: Seema Shah
Seema Shah

Date: 9/20/06

MAIL STOP AMENDMENT

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

RESPONSE TO EXAMINER'S ACTION

Madam:

This is being filed in response to the Notice of Non-Compliant Amendment mailed from the U.S. Patent and Trademark Office on September 14, 2006 in the above-identified application.

Replacement claim amendments follow:

AMENDMENT TRANSMITTAL LETTER (Large Entity)	Docket No.
Applicant(s): A. Bertha	25672/5

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
10/501,438	July 13, 2004	R. Kosson	21710	1653	9435

Invention: METHOD FOR OBTAINING AN ANTI-TUMOR SUBSTANCE FROM EVEN-TOE HOOVED MAMMALS



COMMISSIONER FOR PATENTS:

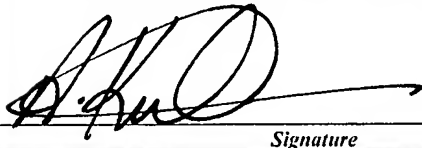
Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	3 -	20 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

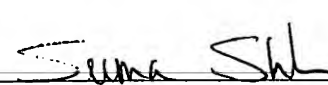
- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-0369
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Signature

Dated: September 20, 2006

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Seema M. Shah Typed or Printed Name of Person Mailing Correspondence

cc: